

EXHIBIT I

SOBR PROGRAM LETTERS AND EVALUATIONS

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January 11, 2022

Mr. Mark Werksman
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Attorneys at Law
888 W. 6th St., 4th Floor
Los Angeles, CA 90017

Re: Gary Goulin
(dob: 2-04-1961)

Dear Mr. Werksman:

I am writing this letter on behalf of Gary Goulin, who signed a release of information so that I might write to you. This letter is to let you know that Mr. Goulin has been accepted into the SOBR (Sexual Offending Behavior Recovery) program, approved by both the California Sex Offender Management Board (CASOMB) and by LA County Probation. I am the Director of the SOBR Program, and I saw Mr. Goulin for a two-hour assessment via videoconferencing software (due to Covid concerns) on 11-22-21. Since that date, I have seen Gary Goulin for additional one-hour sessions on the following dates: 11-29-21, 12-06-21, 12-13-21, 12-21-21, 1-04-22, 1-11-22, for a total of 7 therapy sessions, so far.

I am a licensed Marriage and Family Therapist in California (MFT35898), a Certified Sex Offender Treatment Provider (in CA), and a Certified Sexual Addiction Therapist (CSAT). I have 30 years of experience working with sex offenders, sex addicts, and their spouses/partners.

The SOBR program that I both direct and facilitate includes individual and weekly group sessions, plus the administration of risk assessments for sex offenders, such as the Stable 2007, the CPORT, and the LS/CMI. Mr. Goulin would be expected to complete a series of modules such as: Taking Responsibility, Recognizing Distorted Thinking, Setting Boundaries, Handling Triggers, Improving Communication, Positive Rituals, and Relapse Prevention, among other topics. In addition to weekly meetings with me, Gary Goulin would also be expected to attend weekly online meetings of Sexual Compulsives Anonymous (SCA) and/or Sex & Porn Addicts Anonymous (SPAA).

Please let me know when you may need further information.

Sincerely,



Sharon O'Hara, LMFT, CSOTP, CSAT
Licensed Marriage & Family Therapist
Certified Sex Offender Treatment Provider (CA)
Certified Sexual Addiction Therapist
Director, SOBR (Sexually Offending Behavior Recovery) Program
(approved by CASOMB and by LA County Probation)

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June 5, 2022

Mr. Mark Werksman
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888 W. 6th St., 4th Floor
Los Angeles, CA 90017

Re: Dr. Gary Goulin
(dob: 2-04-1961)

Dear Mr. Werksman:

This report is a follow-up to my letter dated 1-11-22, in which I discussed the first 7 sessions of Gary Goulin's therapeutic progress in the SOBR (Sexually Offending Behavior Recovery) program. The SOBR program has been approved by both L.A. Probation and by CASOMB (the California Sex Offender Management Board) for the treatment of persons charged or convicted of a sexual crime. Since my first report, Mr. Goulin has attended an additional 17 individual/group therapy sessions, on 1-18-22, 1-25-22, 2-01-22, 1-08-22, 2-15-22, 2-23-22, 3-02-22, 3-09-22, 3-16-22, 3-23-22, 3-30-22, 4-06-22, 4-20-22, 4-27-22, 5-04-22, 5-18-22, and 6-01-22, for a total of 24 SOBR therapy sessions, so far. All of these therapy sessions were conducted using videoconferencing software, due to the ongoing Covid-19 pandemic and its evolving variants.

Besides being the Director of the SOBR program, I am a California licensed Marriage and Family Therapist (MFT35898), a California Certified Sex Offender Treatment Provider, and a Certified Sexual Addiction Therapist (CSAT). I have 30 years of experience working with sex offenders, sex addicts, and their spouses/partners.

In addition to the weekly meetings with me, Gary Goulin has also been attending online meetings of Sexual Compulsives Anonymous (SCA). Gary also put Accountable2You software on his electronic devices, which sends me daily monitoring reports about pornography viewing. This software also confirms that Mr. Goulin has been abstaining from viewing/downloading any kind of pornography since he began therapy with me on 11-22-21. Gary Goulin was arrested on 11-04-21 for possession of CSAM, child sex abuse material (formerly known as "child porn").

This report will focus on the results of the administration of several sexual offender risk assessments to Gary Goulin, such as the CPORT, the LS/CMI, and the Stable 2007. Mr. Goulin scored in "low" or "very low" ranges on all of these risk assessments.

Gary Goulin is a 61-year-old Caucasian male, married for almost 5 years (of a 28-year-relationship) to his husband Sanford ("Sandy"), an entertainment agent/attorney, age 62. They live together in Los Angeles. Until the day of his arrest (11-04-21), Mr. Goulin worked for 25 years as the Associate Director of the Pediatric Intensive Care Unit at Cedars-Sinai Hospital in Los Angeles, CA. As his medical license has been suspended until the outcome of his legal case, Gary stated that he agreed to be known as "Mr. Goulin" instead of "Dr. Goulin," for purposes of this assessment. Gary stated that he was terminated from his position at Cedars-Sinai on 11-05-21, after he informed the Chairman of the Department of Pediatrics about his arrest. Gary stated, "I loved my career, and I worked very hard at it, too. In a pediatric ICU, there is a very good chance of success with young patients, and I loved the sense of hope. It grieves me so much that my medical career appears to be over, but I know that I brought this on myself, even though there has never been any whisper of wrongdoing with my patients. There was my secret collection of porn at home, over 90 percent of it with adults, and then there was "Dr. Gary," at the hospital, and there was no crossover at all between the two."

At our first therapy session, on 11-22-21, Gary Goulin stated that several Los Angeles police officers showed up at his home on 11-04-21 with a warrant to search for evidence of the possession/downloading of CSAM on his electronic devices. The police confiscated his I-Phone, I-Pad, laptop, desktop, several external drives and a collection of Compact Disks. The LAPD took Mr. Goulin to the police station to be booked, and he was bailed out by his husband Sandy later that same day. After hiring an attorney, Gary was referred to me for counseling and for the administration of several risk assessments. He also stated that, prior to the case, he has never been in any trouble with the law, nor has he been subject to complaints against his medical license.

Gary Goulin responded very positively to all of my therapeutic suggestions, e.g. attending SCA 12-Step meetings, getting an SCA sponsor, buying recovery books, and putting monitoring software on his new electronics: "I will do anything you suggest, so as to make sure that this legal case is my last case, ever." At my suggestion, Gary watched "Your Brain on Porn," a video describing how in some people watching pornography can become an addiction. Gary stated that he related to that video very strongly: "It was really about the science of addiction, how porn can cause dopamine surges in the brain very similar to meth and heroin. I never really understood why porn called to me so much, because I did not masturbate to images of any minors. Masturbation was never my thing. I just seemed to have a need to collect porn; I thought of it as 'hoarding.' Late at night I would look up all kinds of porn, gay, straight, pregnant women, whatever, and I would just download it all jumbled together onto CDs. There was something soothing in this practice. Not so much the porn viewing, but the hoarding. It was like a hypnotic ritual. Now that I understand more about dopamine spikes and my ability to compartmentalize my life, I am just angry with myself for not stopping sooner."

Gary then began attending online SCA 12-Step meetings "five times a week," for added support. Within a few weeks, Gary had located an SCA sponsor and was actively speaking up at the meetings. In recent months, Mr. Goulin has been asked to sponsor newcomers and to lead a weekly meeting: "I am very committed to staying active in SCA, as I have seen what can happen if a person stops going to recovery meetings." From the beginning of therapy, Mr. Goulin stated that he was committed to doing everything that he could to show both his family

and the Court that he was sincere in his efforts to learn from his past mistakes and to abstain from viewing any kind of pornography.

I have administered several risk assessments to Gary Goulin. He scored a “2” on the CPORT, the Child Pornography Offender Risk Tool still in development by well-known child porn researcher Dr. Michael Seto. According to the Scoring Guide (p. 25), although he does not yet “recommend the actuarial use of the CPORT with reference to the recidivism probabilities ...until there are further validation studies,” Dr. Seto does provide current best estimates (using statistic regression) as to recidivism probabilities based on the initial 2015 study. Gary’s CPORT score of “2” (based solely on his being a gay male) indicates a 8.5% predictive recidivism rate, which causes his score to fall into a “relatively low risk” category for any future viewing of CSAM. Gary’s score on the subset of the CPORT known as the CASIC (Correlates of Admitted Sexual Interest in Children), also known as the “pedophile scale,” was zero.

Some of the factors in the CPORT that indicate a low risk for Mr. Goulin are his age (61), his lack of any sexual or other criminal priors, and zero evidence of any “hands-on” offenses, or of any attempt to actually contact a minor for sexual purposes.

Gary Goulin also scored in the “very low” range on the LS/CMI, a SARATSO-approved measure of sociopathic tendencies, including a history of criminal attitudes and behavior over one’s lifetime. SARATSO, which chooses State Authorized Risk Assessment Tools for Sex Offenders, is the committee designated by the California Sex Offender Management Board (CASOMB) to evaluate risks for sex offenders living in California. Mr. Goulin scored a “1” on the LS/CMI. A score of 1-4 is considered a “very low score” on this instrument. Gary’s score on the LS/CMI was low primarily because of his strong education and work history, his lack of any prior felonies, his lack of any history of violence, and his ongoing support from friends and family. There is no evidence indicating a predilection on the part of Mr. Goulin towards sociopathic attitudes or behavior.

I also administered to Gary Goulin another sex offender risk assessment known as the Stable 2007. Like most other sex offender risk assessments, the Stable 2007 was normed on convicted sex offenders with at least one “hands-on” offense. However, as there are no other SARATSO-approved risk assessment instruments for no-contact, Internet-only sex offenders, I decided to see how Gary might score on this instrument.

The Stable 2007 is based on 10 years of research into the factors that can reliably and consistently predict recidivism for sex offenders, which is why it was chosen by SARATSO as the preferred risk assessment instrument in California. The Stable 2007 measures 13 factors that have been found to predict recidivism, each of which can be scored with a 0, 1, or 2. The highest possible score on this measure is 26 (13 x 2). A sex offender who scores 0-3 is considered to be a low risk for re-offense. Mr. Goulin scored a “2” on this assessment, thereby falling into the lowest-risk category on this measure.

The following is an explanation of how each of the 13 factors on the Stable 2007 applies to Mr. Goulin’s case:

1. Social Influences: This factor measures the relationship between supportive friends/family and negative influences, such as “acting out buddies.” As positive influences, Gary named the following as supporters of his, all of whom know about his legal situation:
 - a. Sandy, age 61, his husband of 5 years (of a 28-year relationship). Gary: “I know that Sandy was devastated when the police showed up, as I had kept my porn obsession a secret. I thought that he would leave me, and I was very touched when he said that he loved me and wanted to help me to get through this. Through his connections, Sandy found me an attorney, for which I am very grateful. I know that the only way that I can truly make amends to Sandy will be by keeping my boundaries and by staying active in recovery.”
 - b. Lisa, age 55, a friend of 20 years. Gary: “Lisa is a former coworker, a social worker who became, along with her husband, very good friends some twenty years ago. We would have lunch often when we worked together, and now we’ll try to get together for dinner as a foursome, while being mindful about Covid-19 restrictions. Lisa heard about my case originally from a former coworker, and she texted me, saying that she wanted to be of help. I was truly moved to tears by her emotional generosity; she just focused on problem solving with me, at a moment when I thought that I was the worst person on earth.”
 - c. Katie, age 55, a friend since 1996. Gary: “Katie is one of the charge nurses at the Pediatric ICU where I used to work. She sent me a very supportive text to let me know that she was offering me ‘whatever I needed’ in the way of someone to talk to. What touched me the most was when she texted, ‘You aren’t going to lose me as a friend.’ Katie has come over in person since then to let me know that she is still there for me.”
 - d. Bill, age 60, his best friend since college, now living in San Diego. Gary: “Bill and I have really been there for each other over the years. I helped him when he was dealing with prostate cancer two years ago, and when I called him to tell him about my case, he said that he was very sorry that I had made such a stupid mistake, but that he knew that I would never harm anyone. Bill wanted me to focus on being in therapy and getting better.”
 - e. Renee, age 59, his sister who still lives in Minneapolis, MN. Gary: “My sister is very intuitive. She realized right away that my porn mistakes were likely due to a maladaptive coping mechanism on my part. Renee has, in the past, expressed concern for my workaholic schedule and lack of appropriate self-care, given the physical and emotional demands of the pediatric ICU. She texts me every day just to make sure that I am doing okay, and I am so grateful to her for her support.”

Gary stated that he has no “acting out buddies” or any other negative social influences. **Score = 0.**
2. Capacity for Relationship Stability: Being married or having a live-in relationship for two or more years is considered a “protective factor” when it comes to sexual behavior relapses. Gary has been living with Sandy for 27 years, and they officially got married 3 years ago. Gary stated that his husband Sandy “has been nothing short of amazing,” during this legal crisis. Gary explained that over the years, there have

been ups and downs in their relationship, but that since their relationship was initially based on “a lot of mutual respect and understanding,” they have been able to weather the bumps in the marital road: “We have a lot in common. We both grew up in Jewish households, we both have a passion for travel, and we both came from broken homes.” Gary added, “Sandy went with me to see the attorney, and he’s been invaluable as a sounding board. He’s also been very understanding of my commitment to attending daily SCA meetings, which occur mostly in the evenings. Although I still feel somewhat unworthy of all of this support, I am truly grateful for Sandy and all that he has been doing to keep my spirits up.” **Score = 0**

3. Emotional Identification with Children: This factor measures a tendency towards inappropriate relationships with child “buddies.” All of Gary’s friends are adults: “I don’t have any child friends. I tried to save the lives of children in the pediatric ICU, but I did not pursue any personal relationship with them or with their parents. I had zero contact with any minors once I had left the hospital. And I never touched a minor inappropriately in my life.” **Score = 0.**
4. Hostility Towards Women: Men who demonstrate anti-feminist attitudes, or who have a history of domestic abuse, often have higher sexual offender recidivism rates. Gary stated that he believes in equal rights as regards gender, race, and sexual preference. When asked how he got along with female neighbors or women in the workplace, Gary stated that he had always enjoyed working with women, especially in healthcare settings. He shared the following examples:
 - a. “I am very happy that I had the opportunity last June to recognize three nurses that I worked with, giving them a ‘Standing Ovation’ award for exceptional service when we successfully handled a Code Blue situation in the pediatric ICU. They really deserved the recognition.”
 - b. “Last year my 82-year-old neighbor, Gina, called me over to give me a noodle dish that she knew I loved. I saw that she wasn’t walking right, and Gina told me that her right leg was swollen. I asked to look at it and became concerned about a possible blood clot. She tried to put me off, but I insisted on driving her to the ER, telling the nurse that Gina was a special friend of mine. It turned out that Gina did indeed have a blood clot and she was admitted to the hospital for two days. Once she got home, she told me how grateful she was and insisted on making me more noodle dishes.”
 - c. “A couple of months before I lost my job at Cedars, I noticed that one of the nurse managers seemed upset. I asked her if she wanted to talk about it, and we went to my office. The nurse felt very frustrated about being tasked with supply-chain back-up problems with essential supplies. I really just listened, but she told me that she truly appreciated how I just allowed her to vent without giving her too much advice. That was a strategy that I learned in couple’s therapy with my husband Sandy: ‘Sometimes you just need to listen.’”
 - d. “I worked for three years with Sofia, a nurse in the pediatric ICU to improve communication between doctors and nurses, by becoming co-chair of the MD-RN Pediatric ICU Collaborative, with an eye towards better patient care. I have never worked in a hospital department where the male and female health

care workers tried so hard to be mutually respectful and collaborative as opposed to hierarchical, in their approach to patient care.”

- e. “A friend of my husband, Anat B., learned that her mother had just been diagnosed with Stage IV breast cancer. I immediately offered Anat a ride to the airport, and we left at 4 a.m. She told me that she could have taken an Uber, but I insisted on driving her, because I remember what it was like years ago not having a car, and I like the concept of ‘paying it forward.’” **Score = 0.**

5. General Social Rejection: This factor measures a client’s tendency to be a “loner.” Gary Goulin has many friends; he is the opposite of a loner. He explained how, for example, he would go on landscape photography trips as part of his ongoing participation in the National Park Photography Expeditions: “A few of my photos were later used in their brochures, and I became friendly with a core group of men and women who shared my passion for nature photography.” Gary also described how, after attending an in-person meeting of SCA, “A group of us will often stay and chat about going on a hike or about finding a place relatively Covid-free where we could continue our recovery discussions.” He added, “The meeting after the meeting sometimes turns out to be the real meeting. In terms of feeling more connected with your peers.” **Score = 0.**

6. Lack of Concern for Others: This factor measures a tendency towards sociopathy and narcissism. Gary’s personality is the total opposite of narcissistic, as was confirmed by his very low score (1) on the LS/CMI risk assessment. Gary is by nature and training both a helper and a healer. He will go out of his way to help others if he can. Gary stated that he began volunteering for Project Angel Food on a weekly basis, ever since he was let go from Cedars. Some other examples of his desire to be helpful include these:

- a) “Last year I met with Jack, a new colleague fresh out of training. While chatting with him, I told him about an interesting trip I had taken with my husband Sandy. Jack then confided in me that he was gay but not yet ‘out’ to his Orthodox Jewish family back in New York, nor to his hospital colleagues at Cedars. I lent him support and encouragement, and Jack eventually came out to his peers and felt accepted. I myself ‘came out’ in the workplace some 25 years ago around the age of 35, which is when I recognized that Cedars was very advanced on that front.”
- b) “My next-door neighbor Sam lost his wife in 2019, and I used to see him walking by himself around the neighborhood twice a day. As I often walked home from the hospital after work, I started joining Sam for the remainder of his evening walk. He was very lonely since his wife died, and his children lived far away. Sam would tell me stories of his early life in Hungary, which I found fascinating. After walking with him for over a year Sam got sick last August and passed away, but I do feel good about having reached out to him to make his life a little less lonely by walking with him when I could.”
- c) “A few months ago I met a retired LAPD officer named Mark who inherited a home from his parents that was just down the street from Sandy and me. Mark was distraught when he found out that a developer was going to build a tall apartment building behind his house, and I offered to help him to put together a neighborhood petition to send to the City Council protesting the

development, and I accompanied Mark to the Council meeting. Mark was unsuccessful in the end, but I ended up becoming friends with Mark and his wife, who was a social worker. We'd go to dinner occasionally and talk about other neighborhood concerns."

- d) "In 2019 I attended my 40th high school reunion and reconnected with an old friend, Bruce H, age 60. Bruce had grown up down the block from me back in suburban Minneapolis, and he mentioned that his son was attending college in San Diego while planning to go to medical school. I gave Bruce my phone number and offered to meet with his son Jordan in the role of a medical career adviser. Then, when I had reason to visit San Diego, I met up with Jordan and suggested helpful college course and possible summer jobs that might help him in his future career. I kept in touch with both Jordan and his father throughout the Covid crisis. Last I heard Jordan was working as an EMT, with an eye towards pursuing ER hospital work. I tried to tell him not to decide his medical specialty too soon, as I had first thought that I wanted to be a surgeon, but then I discovered that the pediatric ICU was a much more congenial place in which to work." **Score = 0.**

7. Impulsive Acts: This factor measures drug/alcohol abuse, gambling, and addictive behaviors other than sexual. Gary stated that his first drink of alcohol happened in college: "I got drunk a couple of times, but I really didn't like the hangover, so I stopped. I rarely drink now, maybe a sip of wine, but I never finish even one glass. I really prefer iced tea. I never smoked marijuana or regular cigarettes—didn't like the smell. I tried cocaine once with friends but didn't like how that felt either. I hate wasting money, so gambling never really called to me." **Score = 0.**
8. Poor Problem Solving Skills: This factor measures a person's ability to solve basic life problems, with an emphasis on being able to keep a job over time. Gary stated that he worked after school and on Saturdays as a Data Entry Clerk, from age 16 to 18. He went to Johns Hopkins University as an undergrad, and completed his medical degree at the Mayo Medical School in Rochester, MN. Gary then completed further training as a specialist in pediatric ICU care, at Children's Hospital Los Angeles (1987-1990), at Children's Hospital San Diego (1990-1993), at the Pediatrix Medical Group in Ft. Lauderdale (from 1993-1994), and at Sunrise Children's Hospital in Las Vegas, NV, from 1995-1996). From 1996 to 2021, Gary Goulin was the Associate Director of the Pediatric Intensive Care Unit at Cedars-Sinai Medical Center in Los Angeles. Gary stated that there has never been a complaint about his behavior towards his child patients or their family members.

Gary also told me that he pays his bills and taxes on time, and that he shares household chores with his husband Sandy: "I do the vast majority of the cooking these days." **Score = 0.**

9. Negative Emotionality: This factor measures the holding of grievances, not taking responsibility, and feeling like a victim of the justice system. Gary stated, "I take full responsibility for my actions; there is no one to blame but myself. I did find it helpful, and surprising, to see myself so clearly in the video 'Your Brain on Porn.' I felt like it was describing me, with its emphasis on how repetitive, addictive patterns can lead to dopamine spikes and a need for increasing intensity. That need for intensity never crossed over into my 'real' sex life, which is why I justified my

pornography hoarding as 'not really harmful to anyone.' I do realize that understanding what I did does not excuse what I did. And even though there has never been a complaint about my behavior towards children in or out of the office, I do feel intense shame about viewing some of those videos. I never masturbated to them. I do remember wishing that I had had a less repressive childhood growing up, so I think that in a weird way I was trying to work through some of my early developmental issues, but without a therapist. It was so stupid of me." He added, "I remember being molested in a movie bathroom when I was around 17 or 18; I just froze and did what the man asked so that I could get out of there. I lost any sense of personal will. I can best understand my secret porn addiction as a way of trying, unconsciously, to come to terms with my own childhood, but hoarding porn did not fix me but only ruined my career. I regret it so much." **Score = 0.**

10. Sex Drive/Preoccupation: This factor measures the use of pornography, prostitutes, massage parlors and the like. Gary stated, "Growing up in suburban Minneapolis, I knew I was 'different' from an early age. I learned to compartmentalize when I was very young. My parents divorced when I was 14, and my mother was very bitter about men. I internalized that as, 'Watch out or you might hurt someone you love.' I was good at my studies and not so good at interpersonal relationships, so I focused on my studies and did well. The one incident at the movie theater scared me, as did sexuality in general, so I just tried to put it out of my mind."

In college, Gary dated a couple of women, for short periods of time, and he had a couple of anonymous encounters with strange men in the park, but mostly he just focused on getting into med school and on becoming a doctor: "I was in my thirties before I 'came out' with the help of the Gay/Lesbian Medical Association, which I joined at the age of 32. My first gay relationship happened in Florida and lasted about 6 months. Then I moved back to Los Angeles and met Sandy and I've been with Sandy ever since." Gary did admit to having "a few anonymous encounters with men over the years," but insisted that they "meant nothing." He became honest with Sandy last year about those incidents and has recommitted himself to his husband: "Sandy and I are now communicating on a much deeper level, and I am grateful to him in so many ways." **Score = 1**, for his prior use of online porn.

11. Sex as Coping: This factor measures the use of sex (by oneself or with others) in order to handle boredom or other stressful emotions. Gary did admit to developing a "pornography habit" in his twenties: "I only looked at it about once or twice a week, but collecting it was strangely soothing. I could zone out from all the pressures of the day. Later I would actually look at some of it and think, 'Why did I download this?' It wasn't an erotic experience. All I know is that I never once thought about actually molesting a child or a minor, never. If I saw a minor in a video, I would become that person, and then I would try to understand who I was. In my real life, I was more likely to flee from intimacy. Couple's therapy has been helping me in recent years, but it has been a slow process." **Score = 1**, for his history of using pornography to handle his emotions.

12. Deviant Sexual Preferences: Deviance is defined by the Stable 2007 author as being sexual with a girl aged 12 or younger, or being sexual with a boy aged 13 or younger. This factor is measuring a predilection for pedophilia. Gary has no "hands-on"

offenses against minors and prefers adult sexual partners. There was no sexting or attempts to contact any minors. **Score = 0.**

13. Cooperation with Supervision: This factor measures a person's willingness to actively engage in therapy, to be on time, and to follow therapeutic requests. Gary has been compliant with all of my therapeutic suggestions. He put Accountable2You software on his electronic devices. Gary has been an active participant in group therapy, able to both give and receive appropriate feedback from other group members. He has been attending SCA meetings on close to a daily basis, keeping a record of his attendance, and actively utilizing his other recovery tools. He regularly leads the Wednesday SCA meeting in Los Angeles. **Score = 0.**

Gary Goulin scored a "2" on the Stable 2007, indicating a low risk to re-offend.

Treatment Summary and Sentencing Considerations:

Gary Goulin is a 61-year-old married gay man, now retired from his 25-year job working pediatric ICU at Cedars Sinai Medical Center. He currently spends his time through volunteering to help others (Project Angel Food), and by working to help support, and to be supported by, his SCA 12-Step peers: "I am very committed to staying in recovery and to using all the tools at my disposal to make sure that I stay recovered."

Mr. Goulin scored in the "Low" or "Very Low" range on all of his recidivism instruments, and he has been quite diligent in his use of such recovery tools as "thought stopping," meditation, device-monitoring, and check-ins with recovery peers. In group therapy, Gary has demonstrated humility, psychological insight, and a sincere desire to learn from his own and his peers' mistakes. He has gone out of his way to help his friends, family, and even neighbors walking their dogs, if he sees a need and believes that he can be of service.

As child porn researcher Dr. Michael Seto stated, in his research report delivered at a national conference of ATSA (Association for the Treatment of Sexual Abusers), first-time, non-contact offenders are at very low risk to re-offend (less than 5% recidivism rate for viewing child porn again and less than 3% recidivism rate for any hands-on child molestation).

I strongly encourage probation and ongoing group and/or individual treatment for Gary Goulin, rather than any possible incarceration, especially in these days of multiple Covid -19 variants. His willingness to follow through on therapeutic suggestions indicates that Mr. Goulin has an excellent prognosis for ongoing recovery.

Sincerely,



Sharon O'Hara, LMFT, CSOTP
Licensed Marriage & Family Therapist
Certified Sex Offender Treatment Provider (CA)
Director, SOBR (Sexually Offending Behavior Recovery) Program,
approved by both CASOMB and by L.A. County Probation

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December 11, 2022

Mr. Mark Werksman
Werksman, Jackson & Quinn
Attorneys at Law
888 W. 6th St., 4th Floor
Los Angeles, CA 90017

Re: Dr. Gary Goulin
(dob: 2-04-1961)

Dear Mr. Werksman:

This report is a follow-up to my letter dated 6-05-22, in which I discussed Gary Goulin's therapeutic progress in the SOBR (Sexually Offending Behavior Recovery) program, after he had completed 24 individual/group sessions. The SOBR program has been approved by both L.A. Probation and by CASOMB (the California Sex Offender Management Board) for the treatment of persons charged or convicted of a sexual crime. Since my last report, Mr. Goulin has attended an additional 25 voluntary group therapy sessions, on 6-15-22, 6-22-22, 6-29-22, 7-06-22, 7-13-22, 7-20-22, 7-27-22, 8-03-22, 8-10-22, 8-17-22, 8-24-22, 8-31-22, 9-07-22, 9-14-22, 9-21-22, 9-28-22, 10-05-22, 10-12-22, 10-19-22, 10-26-22, 11-02-22, 11-09-22, 11-16-22, 11-30-22, and 12-07-22, for a total of 49 SOBR therapy sessions, so far. All of these therapy sessions were conducted using videoconferencing software, due to the ongoing Covid-19 pandemic and its evolving variants.

Besides being the Director of the SOBR program, I am a California licensed Marriage and Family Therapist (MFT35898), and a California Certified Sex Offender Treatment Provider. I have 30 years of experience working with sex offenders, sex addicts, and their spouses/partners.

In addition to weekly meetings with me, Mr. Goulin continues to participate actively in the 12-Step program Sexual Compulsives Anonymous, typically attending 6-7 SCA meetings weekly, including 2 meetings in person (and 4-5 online). Gary is the chairperson of the Wednesday SCA meeting, while also acting as a resource person for newcomers. He was also elected fund-raising chairman for the annual SCA Convention to be held in Los Angeles in February 2023, and he has organized 2 separate events so far. Mr. Goulin stated that in the last year he has voluntarily attended 340 SCA meetings, doing Step Work with his SCA sponsor while volunteering to help his peers with their own boundary behaviors. In addition, Gary has volunteered for 3 hours every Monday, since Christmas 2021, to work in the kitchen at Project Angel Food, because, as he put it, "I have retired from being a doctor, but the wish to be of service and do meaningful work helps me to feel better about myself. That's why I'm so active in the SCA fellowship and why I volunteer to help feed the homeless and disadvantaged."

As I reported in great detail in my risk assessment profile dated 6-05-22, Gary Goulin tests in “low risk” or “very low risk” categories when it comes to such sex offender measures as the LS/CMI (he scored a “1”—very low risk—on this assessment of sociopathic behavior/thinking), and he scored a “2” on the Stable 2007 (indicating a “low risk” for sexual recidivism). Mr. Goulin also voluntarily put the pornography monitoring software Accountable2You on his electronic devices, which has sent me daily reports since November 2021 confirming Gary’s abstinence from viewing pornography of any kind.

Gary Goulin also continues to interact openly with his recovery peers in group therapy. He has the gift of being able to confront a fellow group member about faulty thinking without alienating him, because he so forthcoming about his own past mistakes, letting the group members know in detail how he is using the recovery tools on a daily basis to maintain his own boundaries.

In summary, Gary Goulin continues to present as a first-offense, no-contact, low-risk offender who has continued to keep all of his behavioral boundaries since he started therapy with me in the SOBR program over a year ago. Gary has retired from being a doctor, and he plans to continue his volunteer work (in SCA and for Project Angel Food), while also participating in leisure activities (such as landscape photography) with his husband Sandy (they’ve been married 3 years of a 27-year relationship).

I strongly recommend ongoing therapy and probation for Gary Goulin, rather than incarceration, as he has been very willing to take ownership of his past behavior and to work a strong program of recovery, utilizing daily recovery tools (meetings/phone calls/being of service) in order to remain abstinent from any and all kinds of pornography. Gary’s positive attitude and adherence to behavioral commitments over the last year continue to indicate an excellent prognosis for Mr. Goulin’s ongoing recovery.

Sincerely,



Sharon O’Hara, LMFT, CSOTP
Licensed Marriage & Family Therapist
Certified Sex Offender Treatment Provider (CA)
Director, SOBR (Sexually Offending Behavior Recovery) Program,
approved by both CASOMB and by L.A. County Probation

California Sex Offender Management Board

Treatment Completion Worksheet

Client Name: Gary David Goulin		Client DOB: 2/04/1961
Client CII #		Client SSN: 472828012
Clinician Name: Sharon O'Hara, MFT, CSOTP		Assessment Date: 01/25/2023
AREA FOR CONSIDERATION	NOTES	
Section One: Cooperation With Treatment		
1. Attendance & External Compliance with Treatment Expectations	<input type="checkbox"/> Not Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Met	Ct attended SOBR (Sexually Offending Behavior Recovery) therapy sessions on a regular weekly basis, facilitated by Program Director Sharon O'Hara, MFT, CSOTP. Client was compliant with treatment recommendations.
2. Duration of Treatment	<input type="checkbox"/> Not Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Met	Ct completed 55 individual and group sessions, as of 1/25/23. Client also voluntarily attended multiple Sexual Compulsives Anonymous (SCA) 12-Step meetings. (He has attended 391 SCA meetings so far).
3. Effort and Active Participation in Treatment	<input type="checkbox"/> Not Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Met	Ct actively participated in all group exercises and discussions. He was able to both give and receive appropriate feedback from peers. He has consistently demonstrated a positive attitude towards ongoing recovery.
4. Ownership of Actions	<input type="checkbox"/> Not Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Met	Ct stated that he alone was responsible for his problematic sexual behavior and that he understood the consequences of these behaviors.
5. Attainment of Agreed-upon Treatment Goals	<input type="checkbox"/> Not Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Met	Ct has been abstaining from any and all pornography since December 2021, confirmed by his voluntary use of monitoring software, Accountable2You.
Section Two: Criminogenic Needs		
6. Self-management Domain	<input type="checkbox"/> Not Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Met	In addition to attending 6-7 SCA meetings weekly, client practiced "recovery rituals" such as meditation and breathing exercises, reading recovery literature, and reaching out to other group members. He also consults with his husband and 12-Step peers for additional support.
7. Social Involvement Domain	<input type="checkbox"/> Not Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Met	Ct has lived with his husband for the last 28 years in Los Angeles (he has been married 6 years of a 29-year relationship). Ct has been elected to leadership positions in SCA, including fund-raising for the yearly recovery convention. He also leads the Wednesday meeting on a weekly basis, staying for "fellowship" discussions after the official meeting. Ct has also been volunteering for Project Angel Food, preparing meals for the disadvantaged. Ct also traveled to Minneapolis, MN, for a family reunion late last year: "It was great to see my childhood friends and to reconnect in person with my mother and 2 sisters."
8. Sexuality Domain	<input type="checkbox"/> Not Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Met	Ct has been abstaining from using any kind of pornography as a coping skill (confirmed by Accountable2You). Ct stated that he has been working on improved communication with his husband of six years: "I feel closer to him in the last year, since there has been much more openness and honesty in our relationship."

California Sex Offender Management Board

9. Attitudes, Schemas and Beliefs Domain	<input type="checkbox"/> Not Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Met	Ct able to recognize cognitive distortions and to use better coping skills, including thought-stopping techniques and calling his SCA sponsor. In group, client has expressed his determination to stay away from any kind of pornography, as confirmed by his monitoring software.
10. General Criminality Domain	<input type="checkbox"/> Not Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Met	Client has no prior criminal convictions of any kind. He was a doctor, a pediatrician with no complaints against him. Ct retired from the practice of medicine a year ago, after working for 28 years. He denies ever crossing any sexual or other behavioral boundaries with his patients or their family members.
Section Three: Additional Considerations		
11. Risk Level Initial Level/Current Level (Static-99R & Stable-2007 Combined) Client not appropriate for Static-99R or for Stable 2007, as he had no "hands-on victims." Both the Static and Stable were normed on clients with at least one "hands-on victim." Ct's risk level was determined by behavioral compliance, positive attitude, regular attendance at group therapy and 12-Step meetings, as well as voluntary use of the Accountable2You monitoring software.	Initial Risk Level <input type="checkbox"/> I – Very Low Risk <input checked="" type="checkbox"/> II – Below Average Risk <input type="checkbox"/> III – Average Risk <input type="checkbox"/> IVa – Above Average Risk <input type="checkbox"/> IVb – Well Above Average Risk	Current Risk Level <input checked="" type="checkbox"/> I – Very Low Risk <input type="checkbox"/> II – Below Average Risk <input type="checkbox"/> III – Average Risk <input type="checkbox"/> IVa – Above Average Risk <input type="checkbox"/> IVb – Well Above Average Risk Ct had no relapses of any kind while in treatment. He developed a detailed Safety Plan that includes daily recovery rituals, and ongoing support from family and 12-Step members.
12. Individual Factor(s)	Ct voluntarily uses porn blocker Accountable2You, which sends daily reports to me. Ct has maintained his behavioral boundaries, and he continues to attend SCA meetings while actively pursuing a recovery life of service.	
13. Predicted Trajectory	Ct has had no behavioral relapses, confirmed by his monitoring software. He stated he will continue attending 12-Step SCA meetings. His predicted trajectory is to continue to stay in behavioral compliance (no porn of any kind). He should be considered a low-risk for any future recidivism, as he has consistently demonstrated his commitment to recovery.	
14. Containment Team Judgment	As the client completed the SOBR program while in the pre-adjudication stage, he has not been assigned a probation officer, nor has he been polygraphed.	

With consideration of the results of this Treatment Completion Worksheet has the person completed treatment? ☒ Yes, Successful Completion ☐ No, Treatment was Not Completed

California Sex Offender Management Board

Statement of Successful Treatment Completion

This document verifies that the individual named below successfully completed the requirements of treatment at the California Sex Offender Management Board Certified Provider Agency named below.

Client Name: Gary David Goulin	Client Date of Birth: 02/04/1961 <small>MM/DD/YYYY</small>
Client CII #:	Client SSN: 472828012
Provider Agency Name: Sexually Offending Behavior Recovery (SOBR) program	
Provider Agency City: San Pedro, CA	Provider Agency Zip Code: 90732
Independent Provider Name: Sharon O'Hara, LMFT, CSOTP	Provider Cert #: OHA6571

Treatment was completed on: **01/25/23**



CASOMB Certified Independent Provider Signature

One original signed, and Two (2) copies of this document should be completed and a copy is to be provided to the following: One (1) original to the Supervising Agency, One (1) copy to the Client, One (1) copy to the Provider Agency File.

Note: For purposes of the CASOMB Sex Offender Treatment Provider Agency Requirements the term "successful treatment completion" is defined as having "demonstrated sufficient progress in meeting the goals and objectives of an individualized treatment plan" at the time of release from treatment. When the client has successfully completed treatment he or she shall receive a statement of successful treatment completion. Provider agencies will submit a copy of the statement to the supervising agency, if any. Treatment completion does not mean that the client has successfully completed the sex offender management program, or that the client will never reoffend. When active treatment ends, supervision and other elements of the Containment Model may continue. These elements may include, but are not limited to, monitoring, follow up sessions, aftercare meetings, polygraph testing, risk assessments, and other services which may be required as part of a sex offender management program, i.e., CASOMB Sex Offender Treatment Provider Agency Certification Requirements.

KEEP THIS DOCUMENT

The client is required to keep this document until such time that he or she is no longer required to register.

Sharon O'Hara, MFT

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San Pedro, CA 90732
Telephone: 310-326-5534

Website: www.sharonohara.com
Email: sharonoharamft@gmail.com
CA License: MFT35898

January 28, 2023

Mr. Mark Werksman
Werksman, Jackson & Quinn
Attorneys at Law
888 W. 6th St., 4th Floor
Los Angeles, CA 90017

Re: Dr. Gary Goulin
(dob: 2-04-1961)

Dear Mr. Werksman:

This report is a follow-up to my letter dated 12-11-22, in which I discussed Gary Goulin's therapeutic progress in the SOBR (Sexually Offending Behavior Recovery) program, after he had completed 49 individual/group sessions. The SOBR program has been approved by both L.A. Probation and by CASOMB (the California Sex Offender Management Board) for the treatment of persons charged with or convicted of a sexual crime. Since my last report, Mr. Goulin has attended an additional 6 group therapy sessions, on 12-14-22, 12-21-23, 12-28-22, 1-04-23, 1-18-23, and 1-25-23, for a total of 55 SOBR therapy sessions. All of these sessions were conducted using videoconferencing software, due to the ongoing Covid-19 pandemic and its evolving variants.

Besides being the Director of the SOBR program, I am a California licensed Marriage and Family Therapist (MFT35898), and a California Certified Sex Offender Treatment Provider. I have 31 years of experience working with sex offenders, sex addicts, and their spouses/partners.

After attending 55 SOBR individual and group sessions, Gary Goulin has now completed all of the elements for graduation from the Sexual Offending Behavior Recovery program. All of these sessions were completed by Mr. Goulin pre-adjudication. I understand that his Pre-Trial Officer has suggested that Mr. Goulin enroll in another treatment program, conducted by Spero Psychological Services, located in Torrance, CA, as Gary continues to move forward with his federal case involving CSAM ("child porn") images.

As part of his recovery efforts, Gary Goulin, who is a retired physician, also volunteers at Project Angel Food for 3 hours every Monday, and he is very active in the SCA (Sexual Compulsives Anonymous) 12-Step community, leading meetings, raising funds for workshops, and helping newcomers to learn how to set and keep better sexual boundaries.

As I mentioned in earlier reports, Mr. Goulin continues to present as a low-risk offender when it comes to any recidivism, as his low scores on the LS/CMI and Stable 2007 have confirmed.

Gary also falls into a low-risk category because of his age (62), his long-term relationship (28 years), and his lack of any history of violence or prior arrests of any kind. As stated previously, Gary's positive attitude and adherence to his behavioral commitments over the last year continue to indicate an excellent prognosis for Mr. Goulin's ongoing recovery. If the Court should ever be interested in having Gary Goulin continue to engage in therapy with me, I am willing to extend his treatment in the SOBR program in any way that the Court (or Pre-Trial Officers) might suggest.

Sincerely,

A handwritten signature in cursive script that reads "Sharon O'Hara".

Sharon O'Hara, LMFT, CSOTP
Licensed Marriage & Family Therapist
Certified Sex Offender Treatment Provider (CA)
Director, SOBR (Sexually Offending Behavior Recovery) Program,
approved by both CASOMB and by L.A. County Probation